

# FACILITY ANNUAL HAZARDOUS WASTE REPORT

102

GENERAL INSTRUCTIONS: If you received a preprinted label attached to the mailing envelope in which this form was enclosed, affix it in the space provided. If any of the information on the label is incorrect, draw a line through it and provide the correct information in the appropriate section below. If the information is correct and complete, leave Sections I, II, and III below blank. If you did not receive a preprinted label, complete all sections. REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM. The information requested in this report is required by law (Section 3004 of the Resource Conservation Recovery Act).

I. FACILITY EPA I.D. NUMBER

T/A C

[illegible]

R00337362

RCRA RECORDS CENTER

## II. NAME OF FACILITY

L I T T O N   S Y S T E M S . ,   I N C . ,   A C D

### III. FACILITY MAILING ADDRESS

3 P O B O X 2 8 4 7

Street or P.O. Box

4	S	P	R	I	N	G	F	I	E	L	D	M	O	6	5	8	0	3
15	16											41	42	47			51	

City or Town

State Zip Code

## IV. LOCATION OF FACILITY (if different than section III above)

5 4 8 1 1 W E S T K E A R N E Y 45

Street or Route number

6	S	P	R	I	N	G	F	I	E	L	D	M	O	6	5	8	0	3
15	16											41	42	47			51	

City or Town

State Zip Code

## V. FACILITY CONTACT

2 E D W A R D S D A V I D 4

Name (last and first)

4	1	7	—	8	6	2	—	0	7	5	1
46				55							

Phone No. (area code & no.)

## VI. COST ESTIMATES FOR FACILITIES

\$ 

16		

 , 

4	6	5
19		

 , 

0	0	0
22		

### Cost Estimate for Facility Closure

\$                ,                ,                 
25                      28                      31

Cost Estimate for Post Closure Monitoring  
and Maintenance (disposal facilities only)

## VII. CERTIFICATION

**CERTIFICATION**  
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

David Edwards, Facilities Manager

Print/Type Name

Title

Signature of Authorized Representative

Date Signed \_\_\_\_\_

Tear out here



Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

# Facility Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

## VIII. FACILITY'S EPA I.D. NO.

T/A C

F M O D 0 0 7 1 5 2 9 0 3 1  
1 2 13 14 15

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

## IX. GENERATOR'S EPA I.D. NO.

G  
16 28

X. GENERATOR NAME (specify generator from whom all wastes on this page were received)

## XI. GENERATOR ADDRESS

## XII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
29	32	1 Waste water treatment sludge from electroplating operation	F 0 0 6 33 36 37 40	D 8 1	1 5 2 9 2 0	K
		2 Waste oil (Industrial)	D 0 0 1 41 44 45 48 49 51 52	D 8 5	2 4 6 0	K
		3 Treated chromic acid used as etchant	D 0 0 7	D 8 1	1 9 1 0	K
		4 Spent ammoniacal copper etchant	D 0 0 2	D 8 5	2 5 2 9 9 0	K
		5				
		6				
		7				
		8				
		9				
		10				
		11				
		12				

## XIII. COMMENTS (enter information by section number—see instructions)

NOTE: The handling code D85 found in lines #2 and #4 indicate these waste are resource reclaimed.



ADVANCED CIRCUITRY

P. O. Box 2847, Commercial Station, Springfield, Mo. 65803 417 862-0751

June 7, 1983

Mr. David Wagoner  
Director, Air and Waste Management Division  
United States Environmental Protection Agency  
Region VII  
324 East Eleventh Street  
Kansas City, Missouri 64106

Dear Mr. Wagoner,

In reference to your letter of warning, dated June 3, 1983, please find enclosed a communique' from our Department of Natural Resources. It was our understanding that the "Cooperative Arrangement" between the Missouri Department of Natural Resources and the U.S. Environmental Protection Agency eliminated the need to file the Annual Report for 1981.

During a phone conversation with Mrs. Harris, of your staff, I was told that this "arrangement" was never formalized and thus the Annual Report must be filed. The completed forms are enclosed.

The cost estimate for facility closure was based on known data collected in 1981 and in no way should it be interpreted as our actual closure cost.

If any further information is required, please contact me at your convenience.

Sincerely,

A handwritten signature in cursive script that reads 'David Edwards'.

David Edwards  
Facilities Manager

DE/bs

Enclosure

CC: Mr. Gerald Lucy - ACD  
Mr. Ron Enos - ACD  
Mr. Jim Dow - ACD  
Mr. David Bedan - DNR

EPA-ARWM/SPRS

JUN 09 1983

Region VII, Kansas City, Missouri 64106

## GOUND WATER MONITORING

Our hazardous waste water lagoon was closed prior to Advanced Circuitry receiving approval of our proposed monitoring system from the Missouri Department of Natural Resources.